Residence Check-In Form

Is the room clean? ☑ Yes ☐ No

If not, please check the box below and provide a comment if you desire:

- ☐ Sink/Mirror, clean
- ☐ Floor Swept (under beds, desks, etc.)
- ☐ Closets cleaned out and dusted
- ☐ Drawers cleaned out and dusted
- ☐ Desk and dresser tops, clean
- ☐ Walls and ceilings free of dirt, tape, and holes
- ☐ Woodwork, dusted
- ☐ Window and screen clean and intact
- ☐ Window frame and ledge, clean/dusted
- ☐ Baseboards, clean
- ☐ Blinds, wiped

General Comments: _____

_____

Room Number: _____ Date: _____

Printed Name of Student: _____ Signature of Student: _____

Printed Name of RA: _____ Signature of RA: _____